Professional Licensing Agency 402 West Washington Street Room W072 Indianapolis, Indiana 46204



Michael R. Pence Governor of Indiana Nicholas W. Rhoad PLA Executive Director

## **Psychologist and Limited Psychologist Renewal**

Your Psychologist or Limited Psychologist license in the state of Indiana expires on 8/31/2014. You may renew your license online at <a href="www.pla.in.gov">www.pla.in.gov</a>. To renew by mail, please complete this document in its entirety and submit it with the renewal fee of \$100.00 to the office address shown in the above right corner. Make check or money order payable to 'Indiana Professional Licensing Agency'. If this document is postmarked after 8/31/2014 you must include a \$50 late fee. Allow at least 4 weeks for the processing of this paper document. If you answer 'Yes' to any question below send a detailed statement regarding the response with your renewal form.

LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address							
Licensee Name	License Nur	mber	Expiration Date	Rer	Renewal Fee		
				ď	100.00		
Street Address				1 4	3100.00		
Street Address							
City	State		Zip Code				
			F				
Phone Number	Email Addres	ss	ı				
	QUESTIONS						
1. Since you last renewed, has any healthcare license, certificate, registration, or permit you hold or have					YES	NO	
held been disciplined or are formal charges pending in any state?					120	110	
2. Since you last renewed, have you been denied a license, certificate, registration, or permit in any state?					YES	NO	
3. Since you last renewed, and except for minor violations of traffic laws resulting in fines and arrests or							
convictions that have been expunged by a court, have you been arrested, entered into a diversion agreement, been convicted of, pled guilty to, or pled nolo contendere to any offense, misdemeanor, or						NO	
felony in any state?							
4. Since you last renewed, have you had a malpractice judgment against you or settled a malpractice					YES	NO	
action?					TES	NO	
5. Since you last renewed, have you been denied staff membership or privileges in any hospital or clinic							
or, have staff membership or privileges been revoked, suspended, or subjected to any restriction, probation, or other type of discipline or limitations – or have you resigned in lieu of discipline or					YES	NO	
termination?							
LICENSEE AFFIRMATION							
I hereby swear or affirm under the penalties of perjury that I understand and have met the continuing education							
requirements for renewal, understand the State Psychology Board statutes and rules and have answered the questions							
true to the best of my knowledge. *Only HSPP endorsed psychologists have CE required for renewal*  Signature of Licensee  Date (month, day, year)							
Signature of Licerisee		Date (month	i, uay, year)				

Visit us on the web at <a href="www.pla.in.gov">www.pla.in.gov</a> for additional information regarding your licensure, including CE requirements and name change information, or email the Board at <a href="mailto:psych@pla.in.gov">psych@pla.in.gov</a>.

FOR OFFICE USE ONLY					
Renewal Fee	Receipt No.	Date			